



\$3731

Docket: 1243

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James F. McGuckin, Jr., et al

Serial No: 09/883,818

Group Art Unit: 3731

Filed: June 18, 2001

Examiner: Baxter

For: **MULTIPLE ACCESS VEIN FILTER**

Commissioner For Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

Date of Deposit: November 3, 2003

I hereby certify that the following:

- ☒ This Certificate of Mailing
- ☒ Amendment
- ☒ Amendment Fee Transmittal
- ☒ Supplemental Information Disclosure Statement
- ☒ Form PTO-1449 & copy of cited references
- ☒ Return postcard

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are being deposited with the United States Postal Service first class mail on the Date of Deposit indicated above in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Washington, D.C. 20231.

Neil Gershon  
Rex Medical  
2023 Summer Street  
Suite 2  
Stamford, CT 06905  
(203) 348-0377



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Sir:

Transmitted herewith is an Amendment for the above-identified application.

☐ No additional fee is required.

☒ The additional fee has been calculated as shown below:

**CLAIMS AS AMENDED**

|                                   | Claims<br>Remaining<br>After<br>Amendment   |   | Highest No.<br>Covered by<br>Previous<br>Payments |   |   | Rate<br>Extra | Additional<br>Fee |
|-----------------------------------|---|---|---|---|---|---------------|-------------------|
| Total<br>Claims*                  | 29  | - | 24  | = | 5 | x \$9.00      | \$ 45.00          |
| Independent<br>Claims             | 3   | - | 3   | = | 0 | x \$42.00     | \$ 0.00           |
| Multiple<br>Dependent<br>Claim(s) | (If claims added by amendment include<br>Multiple Dependent Claim(s) and there<br>was no Multiple Dependent Claim(s) in<br>application before amendment add \$270.00<br>to additional fee.) |   |   |   |   |               | \$ 0.00           |
|                                   | Total:  |   |   |   |   |               | \$ 45.00          |

\* Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. §1.75(c).

☒ Charge the fee of 45.00 to Deposit Account No. 501567  
TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.

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- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No. 501567. TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.
- ☐ Pursuant to 37 C.F.R. §1.48(b) an Amendment and Petition to Delete Inventor(s) is enclosed.

Petition for Extension of time pursuant to 37 C.F.R. §1.136(a):  
[please check one]

1. ☐ Is enclosed herewith.
2. ☒ Is not believed to be required. However, if a petition for extension of time under 37 C.F.R. §1.136(a) is required with this Amendment, please treat this paper as a petition for such extension. The Commissioner is hereby authorized charge the required extension fee pursuant to 37 C.F.R. §1.17, to Deposit Account No. 501567.

Respectfully submitted.

Dated: 11/3/03

By: 

Neil D. Gershon  
Reg. No. 32,225  
Attorney for Applicant

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